offered the position made vacant by Dr. McGee's resignation, the charge of the Army Nurse Corps.

Mrs. Kinney is unquestionably a woman of culture and experience. Her professional training is of the best. She has occupied executive positions creditably, and she is familiar from hard experience with the existing conditions in the army. She would seem to be an ideal woman for this most difficult position, and she should receive the most cordial support of the women of her profession.

THE DUTIES OF AN OPERATING-ROOM NURSE

By MARTHA LUCE
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The duties of an operating-room nurse, especially if they include the care of the sterilizing-room, are very numerous. They require a knowledge of the principles of asepsis, careful attention to details, and much forethought in the preparation of supplies.

The care of the operating-room includes dusting with clean, damp cloths, polishing of glass, tables, and utensils, careful supervision of floor-scrubbing and metal-polishing, and the regulation of the temperature and ventilation of the room. In addition to the daily cleaning, it is desirable to use a solution of corrosive sublimate (1 to 3000) before an operation, especially before a laparotomy, and all basins to be used for sterile water or any of the antiseptic solutions should be thoroughly cleansed with the same strength of corrosive solution.

All bottles of solutions and jars of dressings must be kept filled, and there must be a supply of bandages (gauze and cotton rollers), pins, and sterile gauze and cotton. Sterile glass irrigating-tubes, catheters, and vaginal douche tubes are kept in ninety-five per cent. alcohol, also a few rubber drainage-tubes.

The surgeons' retiring-room must be kept in perfect order, and supplied with soap, nail-brushes, orange-wood sticks, and towels. Special nail-brushes are reserved for laparotomies. Each one is pinned up in a piece of compress, boiled twenty minutes, and kept in corrosive sublimate solution (1 to 3000).

In the sterilizing-room are usually kept supplies of sterile goods, rubber gloves, ligatures, needles, dressings, and salt-solution, and here the nurse makes most of her preparations. Gowns, sheets, towels, and sponges have to be folded in the regulation way and pinned securely in a double thickness of cotton cloth, each package being marked to specify

its contents and the date of sterilization. Gowns are folded so that the button-side of the yoke is on the outside, and only one is put in a package. Large sheets are placed two in a package and draw-sheets three in a package, both being folded compactly and uniformly. Small towels are put two in a package, and large ones only one. Gauze sponges of two or three sizes can be made by carefully folding cut gauze in such a way that all the edges are securely turned in and no sewing is necessary.

Wicks and strips of various widths may be made of gauze, the commonest width in general use being strips three or six inches wide. Six or eight may be placed in each package, according to the plan adopted. Sponges also are counted before being put in packages.

Pads made of gauze and absorbent cotton may be of any size desired, and may be put up singly or with a specified number in a package.

Gauze is also cut, rolled several layers thick, and placed in cylindrical tin boxes, to be sterilized by dry heat for aseptic dressings. Sheet-wadding folded in single sheets is also sterilized in the same way to cover the gauze dressings. All these goods are sterilized for two hours and a half, and if the "fractional process" is used, an hour on each of the two succeeding days.

A supply of sterile goods is reserved for emergencies as well as for regular cases.

In addition to the sterile goods, the nurse prepares iodoform gauze and various kinds of packing and tampons.

The instruments for all operations are selected by the surgeon or his assistant, and, with the exception of the knives, are wrapped in strong cotton cloth for sterilization. The knives are cleaned with soap and water, ether, and alcohol (ninety-five per cent.). They are wrapped in separate sterile towels and boiled three minutes, but the rest of the instruments are boiled one-half hour in water to which a small amount of bicarbonate of soda has been added.

Most surgeons have individual preferences in the choice of needles, ligatures, etc., and it is the duty of the operating-room nurse to acquaint herself with these preferences, and to carefully prepare what each requires for his use.

If silk ligatures are to be used, four sizes are selected, and a dozen ligatures (twenty-four inches long) of each size are fastened in a towel, each size being pinned in a separate strand.

Silkworm-gut (from twelve to eighteen ligatures) is enclosed in a clean test-tube, the open end being closed by an absorbent-cotton plug secured by a piece of gauze and a rubber band. Both silk and silkworm-gut are sometimes subjected to one hour's dry sterilizing before being boiled. They should be boiled one-half hour in clear water *without* soda.

Catgut (both plain and chromicized) and kangaroo-gut come prepared in sterile tubes, but one-half hour's boiling does not injure them, and the process makes one chance less of infection.

Needles of proper sizes and shapes, according to the operation, are run into towels and boiled with the instruments. In many ways it is better to have the needles and ligatures sterilized separately, and the sutures can be threaded easily as they are required. "Intestinal sutures" (which are ordinary number nine sewing-needles threaded with fine silk) and "carriers" (which are threaded with coarse silk doubled to form a loop) are prepared beforehand.

A few large safety-pins should be boiled with the instruments, and may be used to secure sterile sheets and towels which surround the field of operation. Silver wire, if needed, may be boiled with the instruments.

Rubber gloves are tied together in pairs with pieces of cotton bandage on which is marked the wearer's name. A few cots should be placed with them in a towel, to be used in case a glove-finger becomes punctured. These should be boiled three minutes. Rubber tubing which may be used for salt-solution irrigation should also be sterilized by boiling.

To have all these things ready before the operation requires careful planning, as one sterilizer frequently does duty for everything except the sterile goods, which are done by the dry process.

The operating-room nurse is responsible for every detail of the preparation, including the careful instruction of her assistant nurse. If all has been well done, it will prevent awkwardness and delay during the progress of the operation.

(To be continued.)

SULPHUR AS A PREVENTIVE OF MOSQUITO BITES

One of our readers informs us that, having seen a statement in some English medical journal to the effect that sulphur, taken internally, would protect a person against flea-bites, it occurred to him to try it as a preventive of mosquito bites. Accordingly, he began taking effervescing tablets of tartar-lithine and sulphur, four daily. He provided himself with several lively mosquitoes, and having put them into a wide-mouthed bottle, inverted the bottle and pressed its mouth upon his bare arm. The mosquitoes settled on his skin, but showed no inclination to bite him. If this gentleman's experience should be borne out by further trials, it might be well for persons who are particularly sensitive to mosquito bites to take a course of sulphur during the mosquito season, especially in view of the growing opinion that the mosquito is the common vehicle of malaria.—*New York Medical Journal.*